

4. VFC ELIGIBILITY

Funding for VFC vaccine is based on an estimate of VFC-eligible children in the state. Our budget depends on VFC vaccine being administered only to eligible children. Screening for eligibility is the foundation of accountability in the program.

VFC providers are required to screen patients for VFC eligibility at every immunization visit.

Neglecting to screen for eligibility or knowingly administering VFC vaccine to unqualified patients may be grounds for termination from the VFC Program and may be investigated as fraud and abuse.



There are two steps to eligibility screening:

1. Determining the patient's eligibility status at each immunization visit (screening)
2. Documenting the screening results (documenting)

Determining VFC Eligibility Status

Basic Eligibility Criteria

Children through 18 years of age who meet at least one of the following criteria are eligible to receive VFC vaccine:

- **Medicaid eligible:** A child who is eligible for the Medicaid program. (For the purposes of the VFC Program, the terms "Medicaid-eligible" and "Medicaid-enrolled" are equivalent and refer to children who have health insurance covered by a state Medicaid program.)
- **Uninsured:** A child who has no health insurance coverage
- **American Indian or Alaska Native (AI/AN):** As defined by the Indian Health Care Improvement Act (25 U.S.C. 1603)
- **Underinsured*:** A child who has private health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only); or a child whose insurance caps vaccine coverage or annual visits at a certain amount. Once that coverage amount is reached, the child is categorized as underinsured.

*Underinsured children are eligible to receive VFC vaccine only through Federally Qualified Health Centers¹ (FQHC) or Rural Health Clinics² (RHC).

¹ An FQHC is a health center that is designated by the Bureau of Primary Health Care (BPHC) of the Health Services and Resources Administration (HRSA) to provide health care to a medically underserved population.

² An RHC is a clinic located in a Health Professional Shortage Area, a Medically Underserved Area, or a Governor-Designated Shortage Area.

Insured Children

Insured children are not eligible for the VFC Program. For purposes of the VFC Program, a child is considered insured if he or she has private health insurance that fully covers recommended immunizations or covers a portion of all recommended immunizations—even if some combination vaccines are excluded. Insured children are not eligible for the VFC Program even when claims for vaccination services are denied because of unmet deductibles.

Special Eligibility Circumstances

In some situations, determining VFC eligibility status can be complicated. This section covers special eligibility situations sometimes encountered. In general, use the following guidelines when selecting between eligibility options:

- 1) Select the eligibility category that confers the least out-of-pocket expenses to the child's parent or guardian.
- 2) Select the eligibility category that is least likely to change.

Healthy Montana Kids

Nationally, the Children's Health Insurance Program (CHIP) enables states to expand health insurance coverage for uninsured children. In Montana, CHIP is called Healthy Montana Kids. Healthy Montana Kids *Plus* is the State Medicaid program. For VFC eligibility purposes:

- Healthy Montana Kids children are considered insured.
- Healthy Montana Kids Plus children are Medicaid eligible.

VFC eligibility under these two programs is summarized in the table below.

Table 1 VFC Eligibility for Healthy Montana Kids and Healthy Montana Kids Plus

Population	VFC Provider Type	Insurance Status	VFC Eligibility Category	Vaccine Stock	Bill to:	
					Vaccine	Administration Fee ¹
Healthy Montana Kids	Any	Insured	Ineligible	Private	Healthy MT Kids	Healthy MT Kids
Healthy Montana Kids Plus	Any	Medicaid	Medicaid	VFC	No charge	Medicaid

¹ VFC vaccine administration fees cannot exceed \$14.13 (See Section 3 – Billing). VFC vaccinations cannot be denied to an established VFC-eligible patient due to the inability of the parent or guardian to pay the administration fee.

Medicaid as Secondary Insurance

Any insured or underinsured child who has Medicaid as secondary insurance is eligible for the VFC Program.

Insured children with Medicaid as secondary are not required to participate in the VFC Program. The decision to participate should be based on what is most cost effective for the patient.

At private facilities, underinsured children with Medicaid as secondary should be designated “Medicaid” for VFC eligibility so they qualify for VFC vaccine. If marked as “underinsured,” they can only receive VFC vaccine at designated FQHC/RHC facilities.

Table 2 VFC Eligibility for Children with Medicaid as Secondary Insurance

Population	Facility Type	Insurance Status	VFC Eligibility Category	Vaccine Stock	Bill to:	
					Vaccine	Administration Fee ¹
Medicaid as Secondary	Any	Insured/Medicaid Secondary	Insured	Private	Insurer	Insurer ²
			Medicaid	VFC	No charge	Medicaid
Medicaid as Secondary	FQHC/RHC	Underinsured/Medicaid Secondary	Underinsured	VFC	No charge	Patient
			Medicaid	VFC	No charge	Medicaid
Medicaid as Secondary	Private	Underinsured/Medicaid Secondary	Medicaid	VFC	No charge	Medicaid

¹ VFC vaccine administration fees cannot exceed \$14.13 (See Section 3 – Billing). VFC vaccinations cannot be denied to an established VFC-eligible patient due to the inability of the parent or guardian to pay the administration fee.

² Reimbursement may be higher under this scenario, and Medicaid can be billed for the balance of unpaid administration fees up to \$14.13. If the primary insurer denies payment for the vaccine, VFC stock can be used to replace the private stock used (See Borrowing in Section 16).

Family Planning Clinics

Unaccompanied minors less than 19 years of age who present at family planning clinics for contraceptive services or sexually transmitted disease (STD) treatment are considered uninsured and VFC-eligible if they do not know their insurance status due to the confidential nature of their visit. This special eligibility status is restricted to family planning clinics. Family planning clinics must track VFC vaccine given to patients in this eligibility category. This information is not captured in imMTrax and must be tracked manually. The Immunization Program has a special eligibility screening form for family planning clinics that tracks this information. The form can be found on our website at www.immunization.mt.gov under the VFC link.

Incarcerated Juveniles

Incarcerated juveniles less than 19 years of age who lose access to their health insurance because of their circumstances are considered uninsured and VFC-eligible.

Dual Eligibility – American Indians/Alaskan Natives

American Indians and Alaskan Natives (AI/AN) are often eligible for the VFC Program under more than one category. Please use the following table to determine VFC eligibility status, vaccine stock, and vaccine billing for AI/AN populations seen at providers *other than* Indian Health Service (IHS), tribal, and urban Indian clinics.

Table 3 VFC Eligibility for American Indian and Alaskan Native Populations

Population	Facility Type	Insurance Status	VFC Eligibility Category	Vaccine Stock	Bill to:	
					Vaccine	Administration Fee ¹
AI/AN	Any (except IHS, tribal, urban Indian clinics)	Medicaid	Medicaid	VFC	No charge	Medicaid
AI/AN	Any (except IHS, tribal, and urban Indian clinics)	Uninsured	AI/AN	VFC	No charge	Patient
AI/AN	Private	Underinsured	AI/AN	VFC	No charge	Patient
AI/AN	FQHC/RHC	Underinsured	AI/AN	VFC	No charge	Patient
AI/AN	Any (except IHS, tribal, and urban Indian clinics)	Insured	Eligible ²	Private	Insurer	Insurer
				VFC	No charge	Insurer

¹ VFC vaccine administration fees cannot exceed \$14.13 (See Section 3 – Billing). VFC vaccinations cannot be denied to an established VFC-eligible patient due to the inability of the parent or guardian to pay the administration fee.

² Insured AI/AN children are not required to participate in the VFC Program. The decision whether to participate should be based on what is most cost effective for the patient. However, we encourage providers to use private stock on fully insured patients.

Documenting Eligibility Screening

Eligibility screening must occur at every immunization visit. Documenting the screening results is required under the following circumstances:

- At the first immunization visit in the calendar year
- Whenever VFC eligibility status changes.

Federal law requires the maintenance of eligibility screening records for three years and that this information be made available to Montana Immunization Program staff on request and during site visits.

Each year during the VFC re-enrollment process, you must provide the total number of patients immunized for the year by eligibility category (See Section 2, page 11, Re-enrollment – Current Providers). Therefore, it is important to document eligibility screening throughout the year in way that can be easily tallied during re-enrollment. Simply recording eligibility in individual patient charts is not one of the accepted methods listed below and makes it difficult to tally aggregate immunization numbers by eligibility category during the re-enrollment process.

The Montana Immunization Program accepts four methods for documenting eligibility screening:

- 1 **imMTrax** – By far, the easiest way to document VFC eligibility is through imMTrax, Montana's Immunization registry. VFC eligibility status can be recorded in each patient's immunization record and can be updated as needed. This information is available to anyone viewing the record. Moreover, during the annual VFC re-enrollment process, total patients immunized by VFC eligibility category for the

previous year will automatically populate the provider profile in your site contract. For more information on using imMTrax to document VFC eligibility please see the *imMTrax Provider Handbook* (<https://immtrax.mt.gov/users.shtml>) or contact the imMTrax Training and Support at 444-4560 (hhsiz@mt.gov).

- 2 **Paper-based Eligibility Screening Form – State-Supplied Eligibility Form** – A second way to document VFC eligibility is to use a paper-based log provided by the Immunization Program (found on our website: www.immunization.mt.gov). The instructions for using the form are on the back of the sample. Document the patient's eligibility status at the first immunization visit each calendar year by placing a checkmark in the appropriate category. On subsequent visits, you will leave the eligibility status section blank, unless the patient's status has changed. Each year, the total number of patients immunized by eligibility category can be tallied by adding the checkmarks in the category columns. There are four versions of this form, each taking in to account the different eligibility statuses and vaccine offerings at public, private, and specialty clinics. Be sure to use the form that best suits your practice.
- 3 **Clinic Computer-Generated Report** – The third approved method for documenting VFC eligibility is to use your clinic charting or billing system to generate a custom report. The report must meet certain criteria and be approved by the Montana Immunization Program before use. The criteria for approval and instructions for submitting a report for review can be found on the Request for Approval of Computer-Generated VFC Screening Report on our website at www.immunization.mt.gov under the VFC link.
- 4 **Comprehensive Screening Form** – The last option for documenting VFC eligibility screening applies to providers whose client base is exclusively American Indian or Alaskan Native. These providers can submit a comprehensive screening form once per year during their enrollment. Submission of this form releases them from having to screen for eligibility at each immunization visit.

Contact the Montana Immunization Program if you would like additional information about eligibility screening and documentation options – 444-5580 hhsiz@mt.gov .